

Centers for Medicare & Medicaid Services
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Welcome

Good afternoon everyone. Welcome to today's assister webinar. My name is Melissa. Before we begin today's presentation I'd like to go over a few technical details with you. All lines are on mute so everyone can have a good learning experience. If you are listening through your computer speakers, if you happen to have any audio issues, or the slides do not appear to be advancing, please refresh the webinar. If that does not help by refreshing the webinar, you can log off of the webinar and log back in. Sometimes that will fix the situation. If you continue to have audio issues, you are welcome to dial in via telephone. Those instructions are in the chat box. We also have instructions on connecting to this webinar in a closed caption version as well. You can ask your questions by typing them into the ask a question box. Let's go ahead and get started. I'm going to turn it over to Deborah.

Good afternoon! Thank you for joining us today and welcome to our weekly assister call. My name is Deborah Bryant, and I'm the Director of the Consumer Advocacy and Assister Support Division for the Marketplace.

As a reminder, this call is intended as a technical assistance call for assisters. It is not intended for press purposes and is not on the record. If you are a member of the press, please email our press office at press@cms.hhs.gov. Please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

Today's webinar will feature two presentations to help you further prepare for the upcoming Open Enrollment Period. For our first presentation, we are joined by special guests from the Asian Pacific Islander Health Forum and the Center for Pan Asian Community Service, Inc. to provide an overview on working with Asian American and Native Hawaiian and Pacific Islander communities. Our second presentation will be an application spotlight on the account creation and ID proofing processes through HealthCare.gov.

If you have questions throughout today's webinar, please submit them through the webinar chat feature. If we have time at the end of the webinar, we'll answer some of the questions you've submitted. Before we begin today's webinar I'll turn it over now to Carolyn Kraemer from our Consumer Support Group who will provide Marketplace updates and moderate today's session. Carolyn?

Thanks, Deborah. First, we want to share an important reminder, which we also featured in this week's assister newsletter. As a refresher, consumers who apply for Marketplace coverage with financial assistance may be asked if they are enrolled in employer sponsored coverage (ESC) or are eligible for employer sponsored coverage that is affordable and meets the minimum value standard. Consumers who are enrolled in ESC or are eligible for ESC that meets the affordability and minimum value standards are not eligible for premium tax credits or cost sharing reductions. Please note that consumers who were eligible for ESC but did not take the opportunity to enroll during their employer's open enrollment period are still considered ESC "eligible" for purposes of the Marketplace application and are not eligible for premium tax credits and CSRs.

Beginning in 2016, the Marketplace will send notices to certain employers whose employees enrolled in Marketplace coverage and received at least one month of premium tax credits in 2016. In response to the notice, an employer can appeal the Marketplace's determination that an employee was not enrolled in ESC or did not have access to ESC that is affordable and meets the minimum value standard. If the employer is successful in its appeal, the FFM will send a notice to the employee encouraging the employee to update her Marketplace application to reflect that she is enrolled in or has access to affordable, minimum value ESC. The notice will also explain that failure to update the application may result in a tax liability. You should assure consumers that it's against the law for their employer to fire or retaliate against them if they get a premium tax credit when they enroll in a health plan through the Marketplace.

You can review the presentation on employer sponsored coverage, the guidance to employers about notices from the Marketplace, and information about consumers' protection from employer retaliation by clicking on the links provided on the slide.

Working With Asian American and Native Hawaiian and Pacific Islander Communities

We will now move on to our first presentation for today. We are joined by Victoria Huynh, Vice President of the Center for Pan Asian Community Services, Inc. and Heather Skrabak, policy analyst with the Association of Asian Pacific Community Health Organizations. Heather and Victoria will present on best practices in outreach and enrollment for Asian American and Native Hawaiian and Pacific Islander communities. As a reminder, if you have questions throughout today's webinar, please submit them through the webinar chat feature. Heather?

Thank you, this is Heather. I work with the Asian Pacific Community Health Organization. Thank you for having us on this presentation. I will go quickly through the Action for Health Justice and some of our general efforts. And Victoria will go specifically into the challenges and some of the solutions that we come up with along the way.

For Action for Health Justice, what we realized going into the Affordable Care Act is that we were four different organizations all working with similar groups and similar goals. And due to our earlier experiences and earlier Massachusetts efforts, we realized there was a need for targeted outreach and efforts for the Asian American and Native Hawaiian and Pacific Islander communities. At that time there was not a focused effort for this community. So we are working together to get external funding and to fund about 70 community-based organizations to do outreach and enrollment efforts. By bringing our groups together we wanted to be a united voice to deal with any challenges, bring up issues to CMS/HHS, and we want to be able to bring solutions back down to our network and provide a feedback loop.

On the next slide we will see some of the states that we targeted. The reason that we worked in these specific states was that these are states where we have the highest rates of uninsured among Asian American and Pacific Islander populations. As well as where we had connections to community based organizations. You will see on the slide, the Health Insurance Exchanges, the Medicaid and the expansion states as well as the AAPI populations that were targeted.

This next slide details the 5 pillars of our efforts. We do outreach and education - that would be anything about in-language outreach and some of the misinformation that is out there in the community. We work with eligibility counseling and enrollment efforts. We work to monitor and enforce to make sure that some of the people that we are working with continue to do their efforts in the correct way. As well as bring up issues to the national level and translate these solutions back down. You will see later when we are developing resources, there were resources that needed to be developed specifically for our community, and we stepped up and developed those. We also do lots of work with communities with limited English.

This is a summary of the Action for Health Justice's activities in the two open enrollment periods. Total enrollment touches around 850,000. Anything from outreach to eligibility and counseling. As well as enrollment efforts as well. And we hosted around 23,000 events by Action for Health Justice members, many of which were multi-lingual. We work in over 56 languages. All of our groups work in partnership with local organizations and we have over 500 partnerships.

Next we are going to talk a bit about some of the challenges and solutions that the Action for Health Justice has had. Victoria is going to start in on some of the challenges that we have as well as some potential solutions.

Hello everyone. I am aware that there is an echo going on through all of the feedback. I am Victoria Huynh and I am the Vice President of Center for Pan Asian Community Services (CPACS). We are also known as CPACS here in Atlanta. We are a 501(c)(3) non-profit organization, so many of our challenges and best practices that we will share come from the grassroots level in our agency. Our mission is to promote self-sufficiency and equity for the immigrants and underprivileged through comprehensive health and social services and advocacy. A lot of our work is providing that direct service and advocating for the immigrant and refugee communities. In the past few open enrollment cycles, in 2013 and 2014, we were not federally funded as Navigators. We served as certified application counselors (CACs) in the first round. We were able to certify 48 federally trained certified application counselors (CACs). In the

following year, we were not federally funded as Navigators, but were again certified application counselors. And also, state certified. I wanted to share that with you as we move on we talk about talking about challenges and best practices in our experience.

Thank you Heather for helping with the slides.

On this slide, we wanted to talk about some of the barriers around providing culturally and linguistically appropriate services for the communities that we serve. In the past few years, we have served the Asian American and Native Hawaiian and Pacific Islander community as well as the Latino community. There was a lot of challenges and barriers around getting in-language materials for the community. Especially for the Asian American and Pacific Islander communities since there are hundreds of languages that we serve. At our office we are targeting at least 20 different languages. During the first year of open enrollment, we had 48 federally trained, certified application counselors providing services and the majority of the language were Korean, Spanish, Chinese, Vietnamese, Burmese, Hindi, and Spanish. And the community wanted more materials in different languages. There was a lack of materials that were online through HealthCare.gov and various other sites. A lot of the community-based organizations had to pool information to help translate them. It was very time-consuming and labor intensive for the assisters when dealing with these requests from the community.

The other issue was the lack of bilingual Navigators in the field. When you see the long list of federally funded Navigators throughout the nation, in Georgia we had 2 Navigators that were funded. But, they did not quite have the number of Navigators that could handle the language needs and the cultural needs of this AAPI community. There was a reliance on community-based organizations like CPACS to provide interpretation and translation services. But as I mentioned, we did not have federal funds to do this work. It was difficult to provide language assistance and address the needs when the funding was not there for that.

We did hear that there was language access to the HealthCare.gov, especially the call in number. But there was a lack of bilingual operators. Definitely in the first year of open enrollment period and in the second year, we did see an improvement. There were issues when the client would call in and ask for a Burmese interpreter on the phone, but because it's rarer than Korean, Chinese, or Vietnamese, it took a little longer for the client to access someone to get someone who could assist them over the telephone. Similar to the lack of in person assistance, there was lack of limited translation of the materials. On HealthCare.gov, some of the materials in different languages were not present.

There was difficulty submitting documentation on immigration status. It was especially difficult in the first year of open enrollment for the community that we served who are maybe green card holders or naturalized citizens. There was definitely a delay and a lot of difficulties for our limited English proficient clients to make sure they could submit all of the documents that were required in order for them to move forward in selecting a qualified health plan.

In the state of Georgia, Georgia is not a state where we expanded Medicaid. There were a lot of people who were in that gap - not qualified for HealthCare.gov plans but also not qualified for Medicaid in our state. There were a lot of community members not knowing what to do. But we were able to help the client access federally qualified health centers. And because of that need, CPACS was able to open and run a federally qualified health center to help target this population.

Overcoming certification challenges, with our certified application counselors, there was a 5-10 hour training that is provided through the federal government. But there was an additional requirement from the state of Georgia that requires any assister to take an additional 10 hours of state training courses, to do fingerprinting, in addition to the federal requirements, and an additional fee that we had to pay to the state. And this was implemented in 2014/2015. This was quite difficult for community-based organizations that did not have the funding. That is why you see a drop from our certified application counselors from 48 down to 10-12 that we could fund. That was another challenge.

Moving into some of the best practices that we saw on the ground level, utilizing bilingual staff and hosting one on one appointments with the community was very effective. They had a lot of questions about the process. There were a lot of misconceptions about the process. But because we had bilingual staff, that spoke multiple languages, they went out to the community to ask the community some of the questions and invite them back to do one-on-one appointments. We did see a lot of efficiency with the process with helping to get them through the process of selecting a QHP. During the first year we were able to help 6,000 people.

In terms of developing trust, we were able to use the center that we have had since 1980. Consumers knew that they could always get translation services when the time came. There were also a lot of concerns around families applying with a mixed immigration status. There were some thoughts that if one member of a family is not documented, then the whole family may be unqualified and not eligible for services and programs. We did a lot of education with the community. Our agency was trusted and we provided services to the community and it was easy for them to come and ask us questions.

Also creating appropriate materials to help with assistance and immigration issues. We work locally with the local media and pushed out a lot of press releases. After working with media and sending out press releases, we saw an increase in the number of clients calling to ask more about the press release and how to access services and programs. Those are the best practices that we saw with engaging consumers.

And the next piece of outreach is getting to the community in places where it was comfortable for the community or places where there was high traffic of AAPI communities. We went to where communities already congregated. We were able to translate some of the materials and answer some of the questions that the community had. And also do some initial pre-screens and letting people know what the eligibility process is like. It was definitely helpful in getting the community more interested in asking more questions and finding and setting up appointments with one-on-one assistance.

And then the enrollment summits, we hosted various education sessions and events. In 2013, we hosted the first AAPI Summit in the nation in the south in Georgia and we partnered with the White House initiative on AAPI and also the offices of CMS to do education. And we also wanted to gather all of the certified application counselors as well as the federally funded Navigators to come into our center to help run these enrollment summits. Over the past two years we were able to help over 200 hundred families, at each of the summits that we have posted. In addition, we reached out to groups to come in to translate some of the materials and help us do a lot of education and language.

Building partnerships is also very important and a lot of focus and attention in the outreach for the different languages that we serve. This is a great way to touch a lot of people at one time, and get them the education. They were very interested and welcomed coming in for education. We pushed out a lot of the press releases and the information that we received. At some of the events the media provided

translation for us. So that saved us a lot of time, effort, and money with getting the word out there to the community.

School, colleges, and universities. We did a lot of social media and having a lot of the students help us share messages around the invincibles. And helping us to get the word out there.

Navigator organizations, with the enrollment Summit, they really helped us come through and help those who were proficient in English with helping to get those individuals enrolled in selecting their health plans.

Small businesses. We had a lot of questions from our small business community about what to do. They were very helpful in helping to support our work in the community. There is a lot of potential for small businesses and associations and inviting us to come out for education.

We have had legislators invite us to come out to some of their enrollment events and activities. They knew that their constituents needed language support services. We partnered with senators from counties with there were a large community of Asian-Americans and Pacific islanders. They helped support the events with food and volunteers. It was great to have legislators in support of our activities. And we also have other strategic partners, like Aetna and other Navigators and providers of services. And they would invite us to do education and also learn from us so they could build their capacity to apply for Navigator status or become certified application counselors.

Health insurance terms are difficult to understand even in English. Even as I am enrolling and looking at plans, there are a lot of things that are difficult to understand and for the communities that we serve, it is harder. Even the translations, and Heather will talk more about the glossary, sometimes in the translation there is not a universal term. So there is a lot of explaining what that word means because there is not always a direct word translation. For our communities, it is an issue when we talk about literacy and we talk about education about coverage.

We saw with years one and two, there is a lack of confidence in how these plans work. Now that I went through this process of getting my qualified health plan, how do I use my insurance? We were glad to hear coverage to care materials are being translated in different languages, and that's also a piece that we are hoping to get to the community, but we also need to help get the community educated on how to use the insurance.

I'm going to pass it back over to Heather to talk about the glossary.

One of the efforts that we went through was to develop materials to fill the gap. And we developed a glossary of health insurance enrollment terms in English as well in 13 other American Asian and Pacific Islander languages. There was a need for standard terminology defined in language. And some of the communities that we work in, the idea of getting health insurance does not exist. There may not be direct translations for words. There should be a way to click on this link and access a copy of the glossary. We have Burmese, Chinese, Chuukese, Hindi, Hmong, Khmer, Korean, Laotian, Marshallese, Tagalog, Tongan, and Vietnamese.

And we are going to go over the other assistance tool that we developed and that is the coverage to care piece. We are a community health center that specifically targets Asian-Americans and Hawaiian Pacific islanders. Along the way we realized that our patients were getting disconnected from care. So

that means that they leave enrollment session with all the information in hand, but somewhere along the way, paying their deductible or their premiums, they need to find a provider, and going into their appointments and following up remains not totally clear. What happens to our clients, when need to reach back to their clinics? Our clinics are trying to figure out how to connect folks with care. CMS has pulled together this coverage to care tool kit to help connect a newly enrolled individual to finding care. We partnered with CMS to do translation quality review as well as bring down reading level and get it in different languages. And the link should be able to take you to the CMS site.

That is the end of our slides. Thank you for this opportunity to present this information. I'm going to pass it back to figure out what is the next in terms of asking questions.

Q&A: Working With Asian American and Native Hawaiian and Pacific Islander Communities

Thank you so much to both Heather and Victoria. We appreciate your presentation today. And we have time for just a couple of questions you.

The first question that we have, what do you anticipate are going to be some challenges moving forward into the third open enrollment period and beyond?

This is Victoria. I know some of the challenges will still be the language access with culturally and linguistically appropriate services. There is a lot of work being done to get materials in different languages, but as we move forward with reaching those who did not get the message in the past few enrollments, it is just now getting the word out there in as much in-language material that we can. The second piece is making sure that the community knows how to use the plans to access health care. The coverage to care materials are wonderful. We cannot wait to have them in more languages. Doing the education for the community, that is still a big challenge for the communities that we serve right now. How to use the insurance. One thing that we are also seeing in the policy realm, is that some of the 5 year status rules are still going to hinder some of those members in the community.

Thank you so much. We have a couple more questions. One individual asks, how can we locate community-based organizations and other partners in the communities where we serve?

I know on the local level, and even on HealthCare.gov, there is a link for you to look for other certified application counselors and Navigators that are in your local area. And the contact information is on that site, HealthCare.gov. It is hidden, but there is a site map. And there is a search button where you can look up Navigators and certified application counselors. And that is how we can connect with individuals who we did not know were doing this work and reaching out to them to do the work at these type of enrollment events.

Great. Thank you. One more question before we move on to our next presentation. Because assisters have often limited capacity and limited time and resources, do you have any recommendations on what tools or best practices for outreach and enrollment are most effective?

Like I mentioned in the presentation, I think the media has a far reach and if they are able to provide a lot of in-kind services in getting the word out there, I think that is a powerful tool and a powerful partner. And also going out to events, it could be the Moon Festival, New Year festivals, or large chapter meetings that happened in the community. And community-based organizations host often in our area. It could be setting up that table and engaging with the community, face-to-face. That has been effective for us. In our community sometimes, it takes that one experience and then it is through word-of-mouth

to get the community into our centers and making appointments to get service to apply for qualified health plans.

Thank you again so much for your time today and for answering some questions. We will share answers to some of the questions that we were not able to get to today in an upcoming assister newsletter.

Account Creation and ID Proofing

For our next presentation, we are going to be joined by IJ who will show us how to create a Marketplace account. If you have any questions, please submit them through the question feature.

Hello everyone and thank you for having me today. Today I will be going over how you can create a Marketplace account. And this will focus on the enhancements to HealthCare.gov for the 2016 Marketplace application.

The website is designed to help consumers apply for coverage, compare plans, and sign up for private health insurance through the Marketplace. This website also provides consumers with the permission needed to make choices that are right for them and their families. As a part of an ongoing process to improve the overall online consumer experience on HealthCare.gov, and reduce the rate of people leaving the site before successfully creating an account, CMS has kept the streamlined process for account creation to only one page. This presentation will demonstrate the streamlined process and walk us through the simple steps of creating a Marketplace account.

Just to name one of the few enhancements that we made this year, consumers will use their email addresses and their usernames instead of having separate usernames from their email address.

This is a screenshot of healthcare.gov. This is the homepage. The tabs for individuals and families and small businesses are clearly defined. We have selected individuals and families for this presentation.

You will also see that get coverage link. It is in white. And get coverage is a choice for people coming to the Marketplace for the first time to get coverage. And beside get coverage, you will see keep or change their plan. These are for individuals and families who already have coverage. And here they can change their plan. There is also begin answers link. There is a drop-down for that. That provides helpful content that is organized by audience. In addition consumers can access information specific to special populations.

The next step would be for consumers to select their state. There is a drop-down menu and for the purpose of this presentation, we selected the state of Delaware. If a consumer lived in a state served by a Federally-facilitated Marketplace, or a Federally-supported State Marketplace, you would use this website to view and compare and enroll in a plan. If a consumer's state runs its own Marketplace, the message will display the name of the Marketplace and provide a direct link to the website. Once the consumer chooses his or her state, they should click get ready to apply which is the green button on the screen.

This is how the streamlined process looks. Consumers will enter their email address which will also be their username. And once all of the fields are complete, at the bottom of the page, they will click on create account.

And this is the same screen. I will go over some of the improvements and features that we have kept from last year. The email address will remain their username. They no longer have to use a separate username. The system provides real-time verification. Consumers will get a message if they have an email address where they have made a mistake. If you type in an email, that seems to be invalid, the system will make sure that you are using the correct format.

In addition, when consumers create the password, the system will validate whether or not their password meets the password requirements. And a green checkmark pops up as consumers successfully complete the section.

Once consumers click create account, a check your email message will display on the same page with a reminder for the consumer to check their email and click the verification link to continue to the application. It is circled in red at the bottom of the page.

An added enhancement is the direct link to open the email in the check your email message. You will see a link for consumers to open up their Gmail for example. This feature will only work for major email providers like Gmail or Yahoo.

The second picture at the bottom is an example of that.

Once consumers check their email, they should see an email from the Health Insurance Marketplace with the subject line Marketplace Account Created. When you click the verification link within the email body, they will see “please wait” pop up on their screen while their account is being created. And once the please wait screen goes off of the page, their account will be created.

A screen that says success will appear once the account has been created. And consumers can proceed by clicking the green continue button to log in for the first time.

And now that the account has been created, consumers can log into the Marketplace with their username and password to apply for coverage and shop for plans. After they type that information in, they will select login.

Before consumers can get to the actual application, they have to go through something known as ID proofing. After they log into their Marketplace account, they will be asked to verify their identity before they can apply. This is one of the first screens they will see after they log in. And the consumer should select the next button highlighted in green. All consumers must verify their identity in order to submit an online application for Marketplace coverage. They will need to select the get started button in green to start.

And this is the page where the filer’s application identity will be entered. Please note that although providing a Social Security Number on the application file can expedite the ID proofing process, application filers who are not looking for coverage for themselves are not required to enter a Social Security Number.

Four questions will display. Consumers will answer these questions to verify their identities and help protect their personally identifiable information. And these questions will depend on their specific information.

Once they have finished answering these questions, the consumer should click verify my identity, that is not on this page at the moment. There will be a button that says verify my identity. If they pass the process, the next screenshot will appear.

It will state that their identity has been identified. This lets consumers know how the information that they entered will be used in the data sources that we will use to access to verify the information that they provided. There are integrated systems that will check their eligibility. Such as the Social Security Administration and the Department of Homeland Security. If consumers apply for help paying for coverage through insurance affordability programs, these integrated systems will retrieve information from certain additional agencies.

If consumers wish to continue with the application process after proofing their identity, they should check I agree to have my information used. And they will check the take me to the application button and begin the application to get coverage.

And I have provided a list of resources that may be helpful to assisters. The first is Marketplace tips and troubleshooting. Different tips that are very helpful for enrolling in coverage and there is also a link for application process assistance as well as an explanation of ID proofing.

Thank you.

Q&A: Account Creation and ID Proofing

Thank you for that great presentation. We have time for just a few questions before we end for the day.

Someone asked, does an applicant need to have an email account to apply for coverage to the Marketplace?

To apply through the Marketplace online, an email account is required. However, consumers who do not have email accounts can still create an account via the phone system or they can submit a paper application. We encourage that consumers apply online as it is a lot faster. If they do not have an email account, they can get one for free. There are a lot of websites that offer email addresses for free.

Thank you. Another question we have, is an online account required if the consumer is applying over the phone to the call center?

The online account is not required if a consumer wants to apply over the phone. The call center will do the identity verification of the consumer when they call them over the phone when they are applying. The call center can help the consumer complete their applications, compare plans, and enroll. The consumer can create an online account later if they choose to.

Thank you. Another question that we have, if a consumer does not have access to the internet, what is the best way for this consumer to apply for coverage the Marketplace?

If they have no access to a computer or do not have access to Internet, or they do not want to use the computer, they can apply and enroll three different ways. They can do it by the phone by calling the call center, they can submit a paper application, and they can get in person help in the community.

Great. We have time for one more question today. Someone would like to know, do you have tips to help consumers who experience problems with the ID proofing process?

This year all enrollees have to verify their identity, they have to go through identity proofing. If the consumer is having issues with passing identity proofing, they will be provided with a unique reference number. I would encourage you to tell the consumer to call the help desk and use the reference ID number that will appear on the screen if they fail ID proofing. And the phone number will also be provided on the screen if they fail identity proofing. We may be doing another presentation a few weeks from now, or later on in the year on the process of identity proofing. That will go over what happens if you fail identity proofing. There is also a slide deck on Marketplace.CMS.gov that has information on passing ID proofing.

Closing

Thank you so much. Thank you for taking the time to answer questions. Someone also asked a general question about reenrollment and plan renewal. I encourage folks to check out last week's newsletter for more information on that. We included a summary of plan renewal in that newsletter.

That is all we have for today. Thank you so much for those on the phone for your time and your participation in our webinar. Thank you again to our presenters. We appreciate your time today as well.

Please stay tuned and check out our webinar resources section in our newsletter. We will feature answers to the questions that we did not get to today. Thank you again to everyone and we hope you have a wonderful weekend.

Goodbye.